

Official Judging Career Development Event Registration Form

Event name _____ Extension Area _____ County _____
Category

(Please print or type)

Coach

Coach's name: _____

Coach's street address: _____

Coach's city, state, zip: _____

Coach's e-mail address: _____

Coach's phone numbers: (day) _____ (cell) _____

Team Name: _____

Please place an "X" in the appropriate boxes below.

Representing: Mark One	<u>4-H*</u>	<u>FFA</u>	
Level of Competition: Mark One	<u>Junior</u>	<u>Senior</u>	<u>Master (Soils)</u>

***Coaches for 4-H teams must be a county screened and approved volunteer. Refer to Ag Judging Handbook for requirements.**

Participants

First Name	Last Name	Grade in School (Sept 1 st)	County enrolled in 4-H	Dietary Restrictions	Attended National Contest <u>in this event</u>

If you have disability needs, please notify the event chairperson 14 days prior to event day.

FFA Advisor's signature verifies eligibility of participants and coach if not the FFA advisor.

County Educator's signature verifies 4-H membership of participants and volunteer status of 4-H coach.

FFA Advisor's Signature Date

County Extension Educator's Signature Date